

# Massachusetts Department of Public Health

## OMH Translation Request Worksheet

### **Contact and Fiscal Information:**

- |                                     |  |
|-------------------------------------|--|
| 1. Date:                            | 6. Document Title:   |
| 2. Program/Division Name:           | 7. Deadline:   |
| 3. Bureau:                          | 8. Languages to translate into:  |
| 4. Contact Person:                  | 9. Have funds been identified for this project?<br><input type="checkbox"/> Yes <input type="checkbox"/> No. |
| 5. Phone number and e-mail Address: |  |
10. In addition to translation, will you need any of the following?

- ☐ Graphic Design
- ☐ Formatting
- ☐ Printing
- ☐ Other \_\_\_\_\_

11. What format will be used to deliver the message?

- ☐ Brochure
- ☐ Fact Sheet
- ☐ Poster
- ☐ Radio/TV ad
- ☐ Other \_\_\_\_\_

### **Audience:**

12. Who are your primary and secondary audiences? Please identify the following: gender, age group, ethnicity, race, country of origin, literacy level, etc.
13. What is the critical message you are trying to convey? Please list at least three main points you're trying to make?
14. Have these materials been pre-tested with the target audience? ☐ Yes    ☐ No
15. Which cities/regions are your materials going to be used in?
16. What is the context in which you materials will be presented to the audience?

- ☐ Face-to-face (health care professionals to patient, peers, family members)
- ☐ Group delivery (worksite or classroom)

- ☐ Mass media (radio, television, magazines, direct mail, billboards, newspapers)
- ☐ Community (libraries, employers, schools, malls, health fairs, local government agencies)